



## APPLICATION FOR ADMISSION

**International Workshop on Protein Expression  
and Purification Strategies**

(13 - 16 December 2016)

Research Division, Faculty of Medicine, Chulalongkorn University

Bangkok 10330, Thailand

Photo

1" x 1"

**Instruction:** Please fill out this form in CAPITAL LETTERS and make your selection by marking an "X" in  below.

**I. Personal Information**
 Title:  Mr.  Mrs.  Miss  Other: .....

Name (in English): .....

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

 Identification Number:  -  -  - 

 Passport Number: ..... Expiration Date (DD/MM/YYYY):  /  / 

 Date of Birth (DD/MM/YYYY):  /  /  Age: ..... Gender:  Male  Female

 Nationality: ..... Religion: ..... Marital status:  Single  Married  Divorced

Mailing Address: .....

(STREET ADDRESS)

(CITY)

Phone: ..... Fax: .....

(STATE)

(ZIP CODE)

(COUNTRY)

Mobile Phone: ..... Email: .....

**II. Education:**

College/University	Degree	Field/Branch	Year Completed
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**III. Language/Ability: Your Mother Tongue is** .....

English Proficiency:

Understand	Speak	Read	Write
.....	.....	.....	.....

#### IV. Current Employment:

Period: ..... Position: .....

Organization / Institution: .....

Mailing Address: .....

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

(COUNTRY)

Phone: .....

Fax: .....

#### V. Enrollment Fee: (excluding bank transfer fee)

Full Workshop (Lecture + Lab) 10,000 Baht (Early bird: 8,000 Baht; until 31<sup>st</sup> October 2016)

Lecture only 1,500 Baht (Early bird: 1,000 Baht; until 31<sup>st</sup> October 2016)

#### VI. Mode of Payment:

1.  **By Cash:** Please pay the enrollment fee at

Division of Research Affairs, 3<sup>rd</sup> Floor, Anandra Mahidol Building, Faculty of Medicine,  
Chulalongkorn University, Rama 4, Bangkok 10330 Tel: 02-256-4455

2.  **Bank Transfer:** Please transfer the enrollment fee to

A/C NAME: INTERNATIONAL WORKSHOP

A/C NO: 045-548604-7

SWIFT CODE: SICOTHBK

THE SIAM COMMERCIAL BANK PLC

SAPHA KACHAT THAI BRANCH

ADDRESS: 1873 HENRY DO NANT RD. PATHUMWAN, BANGKOK. 10330 THAILAND

**\*Attendants are responsible for paying all bank transfer charges. Please select “Pay in full” option.**

ชื่อบัญชี International workshop

เลขที่บัญชี 045-548604-7

ธนาคารไทยพาณิชย์ จำกัด (มหาชน)

สาขาสาทรประเทศไทย

#### VI. Documents Required with Application

1.  Application form with 1x1 inch photo

2.  Copy of passport (for international applicants)

(For copied documents, please sign each document certifying that it is a true copy.)

I certify that all documents submitted are correct

Signature.....

(.....)

Date (dd/mm/yyyy):.....

**Please submit your application package and payment evidence via email:  
conferencessmdcuresearch@gmail.com**